OMB No. 1545-0047 7014

Form	231	

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

eparh	ment of t	he Treasury	➤ Do not enter social	security numbers	vit ulia lottil da Vetructione le et	www.ire.n	ov/form990		Inspecti	on
terna	Revenu	e Service	▶ Information about F		2014	nd ending	Decen	ider 3 i	, 20 14	
			dar year, or tax year beginning	January 1				D Employer	identification nu	mber
C	heck if a	ppiicable C	Name of organization Sacramento	FGRI COMMUNIC	Contac				94-2502229	
) A	ddress o	change	Doing business as Sacramento L Number and street (or P.O box if ma	GRI Community	treet address)	Room/surte	,	E Telephone	number	
] N	lame cha	ange	Number and street (or P.O. box it ma	III IS HOL Genvered to a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			g	16-442-0185	
] ir	nitial retu	ım İ	1927 L Street	- 4 710 as favoing	noetal coda	<u> </u>				
) F	inal retur	v/terminated	City or town, state or province, count	try, and zir or toreign	postar cocc			<b>Q</b> Gross rec	eipts \$	482,212
] A	mended	i retum	Sacramento, CA 95814				May le three or		bordinates? Yes	✓ No
] A	pplication		F Name and address of principal office		ian		Life Sure of	eubordinates i	included? Yes	No
			1927 L Street; Sacramento, CA	95814		Пеот	IT (D) A G COI	o," attach a i	ist (see instruction	ns)
1	ах-ехел	npt status	√ 501(c)(3)	) ◀ (insert no )	4947(a)(1) or	527		exemption n		
-	Nebsite:	► www	v.saccenter.org		l a va	ar of formatio			f legal domicile	CA
F	orm of o	rganization (	Corporation Trust Associa	ition ☐ Other ►	L 16	er of formation	Jil. 1300	1 111 01010		
Pa	rt l	Summ	ary		er a ali dalam	. To prov	ida sunnori	and educa	tion to the	<u></u> ,
П	1	Briefly de	<b>ary</b> scribe the organization's miss	ion or most signi	ficant activities	: 10 brov	ice suppor	and couc	n and reduce	
8		communi	scribe the organization's mass by and the goals of its prgrams i	s to improve wellr	ess, increase s	ocial involv	vement and	connection	II and reduce	
Ě			· · · ·							
티	2	Oh 1. Ab	- how > [] if the organization	discontinued its	operations or d	isposed o	Fullote ma	2370 011	is net assoto.	13
Š	3	Number	of voting members of the government of independent voting member	erning body (Part	VI, line 1a)	rnev.Ge	eneral's	Offi <del>ce  </del>		
8	4	Number	of independent voting member	rs of the governing	ng body (Part V	1, line 1b)		4		
8	5	Total nur	nber of individuals employed i	in calendar year 2	2014 (Part V, lin	e 2a)	2 3 201	7 <del></del>		
₹	6	Total nur	nher of volunteers (estimate if	necessary)		, יייקויי	, o	·		450
Activities & Governance	7a		more property business revenue from	Part VIII_column	(C), line-12	1.	, , , . Ni	7a		9
_	b	Net unre	lated business taxable income	from Ferm 990-	Tine 34 Regi	istry of L	nantabi	e i rusis	Current Y	
	<u> </u>	rtot umo		1	of the second	2 <b> </b>	Prior \		Condit	
	8	Contribu	tions and grants (Part VIII, line	م من الطا	A 2015 10	ا ۱۰۰		100,060		167,963
ž	9	Program	service revenue (Part VIII, line	AUG 2	0 2015			276,125		300,269
Revenue	10	Investme	ent income (Part VIII, column (	A) lines 3, 4, and	_7,d)0	£۱ ل				
æ	11	Other re	venue (Part VIII, column (A), lin	nes 5, 60, 80, 19¢	10d, and 11e)	.] [		6,054		13,980
	12	Total rev	enue-add lines 8 through 11 (	must equal Part	/ill, column:(A),	line 12)		382,239		482,21
	13	Grante a	ind similar amounts paid (Part	IX, column (A), iii	nes 1-3)	[				
	14	Renefits	paid to or for members (Part I	IX, column (A), lin	ι <del>ο</del> 4)	[				
	15	Catarios	other compensation, employee	benefits (Part IX,	column (A), line	s 5–10)		111,828		147,63
868	16a	Drofoce:	onal fundraising fees (Part IX,	column (A), line	11e)	[				
Expenses	1 .	Total fu	ndraising expenses (Part IX, co	olumn (D), line 25	<b>)</b>	81,683				
ä	l b	Other	openses (Part IX, column (A), li	ines 11a-11d, 11	f-24e)	[		225,244		357,15
	17	Total or	penses. Add lines 13-17 (mus	st equal Part IX. c	olumn (A), line :	25) . [		337,072		504,78
	18	Devenu	e less expenses. Subtract line	18 from line 12				45,167		-22,57
	19	nevenu	e iess expenses. Oubtract into				Beginning of	Current Year	End of \	
5	2	Total ca	sets (Part X, line 16)					105,341		241,45
Seets	20		bilities (Part X, line 26)					1,007		34,88
¥ j	2 4	BII IBJO I	ets or fund balances. Subtract	t line 21 from line	20			104,334		206,57
_		Net ass	ature Block	Child Et Holly and		······································				
-	art II			is return, including ac	companying sched	ules and stat	ements, and t	o the best of	my knowledge a	nd belief, It
U	nder per	natties of per act and com	jury, I declare that I have examined this iplete. Declaration of preparer (other the	nan officer) is based of	all information of	which prepar	er has any kok	owledge		
_			1117				······································	81	15/15	
e:	~~	- C1	gnature of officer					Date	,	
	gn	34	gradule of once	Roots	Execut:	" D	ireda	-		
H	ere	=	Jonald -	1760114	FVSCVI	<u> </u>	· · · · · · ·			
			pe or print name and title	Preparer's signatu	ire	11	Date	Charle	T # PTIN	
P	aid	Print/	Type preparer's name	Liebmer 2 aidirer					nployed	
	repai	rer					Т		· · · · · · · · · · · · · · · · · · ·	
	se O		s name 🕨					Firm's EIN <b>&gt;</b>		
		Firm'	s address >		<u> </u>			Phone no.	П,	res No
M	ay the	IRS disci	uss this return with the prepare	er shown above?	(see instruction	ns)	· · · ·			m <b>990</b> (20
E	or Don	anwork Pe	duction Act Notice, see the sepa	arate instructions.		Cat.	No. 11282Y		Fon	m 55U (20

Page 2

art l	Checklist of Required Schedules	Т	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	T	,	
	complete Schadule A	1 2	<b>√</b>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to	3	<u> </u>	1
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership does, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		✓_
6	Part III .  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization receive or hold a conservation easement, including easements to preserve open space, and the organization of the orga	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>/</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted and the organization, directly or through a related organization, hold assets in temporarily restricted and the organization, directly or through a related organization, hold assets in temporarily restricted and the organization, directly or through a related organization, hold assets in temporarily restricted and the organization or through a related organization, hold assets in temporarily restricted and the organization or through a related organization, hold assets in temporarily restricted and the organization or through a related organization, hold assets in temporarily restricted and the organization or through a related organization organization or through a related o	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
а		11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of more	11c	_	<u> </u>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	_	1
1	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, Complete	128	1	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	121	_	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14	_	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14	5	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to differ any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	10		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	1	1	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a? If "Yes." complete Schedule G, Part II	11	3	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		1
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20	_	1
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .			290 (201

art l	V Checklist of Required Schedules (continued)	Y	<b>es</b>	No
	then \$5,000 of grants or other assistance to any domestic organization or			
	L Don't V column (A) ling 17 if "185, COlliplete Schoole", 1 and 1 and 1	21	+	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	+	<u>/_</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated organization's current and former officers, directors, trustees, key employees, and highest compensated	23		<u>✓</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more trial \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a 24b		<u>√</u>
¢	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u>√</u>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  transaction, with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or discreptified payables? If "Yes " complete Schedule L. Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	00-		1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a 28b		1
С	was an officer director trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Scriedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under negulations	~		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule H, Fart II, III,	34		1
358	and the state of t	35a		1
ì	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entire within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1000		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt mon-chantable related organization? If "Yes." complete Schedule R, Part V, line 2.	30	<u> </u>	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	to Cabadula O and provide evaluations in Schedula O for Part VI. lines 11b and	38	1	
	131 ROLE. ALL FULLI 330 INDIS GIO TOQUINOS TO SOMPLES	Fo	m <b>9</b> 9	0 (201

m 990 Part \	Statements Regarding Other IRS Filings and Tax Compliance			П
an C	Check if Schedule O contains a response or note to any line in this Part V	<del>:                                    </del>	Yes	No
	I - 1	一十		
18	Enter the number reported in BOX 3 of Form 1090. Either -0- in not applicable		İ	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	✓	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	and the selector year anding with or within the year covered by this fetuli.			
L	the state of the second of the organization file all required received employment tax receives	2b	✓_	
Ь	At the sum of lines 12 and 22 is greater than 250, you may be required to 8-1/16 (388 instructions)			
3a	The state of the control of the cont	3a		<u> </u>
ь	The standard of the second of	3b		
4a				
	At any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year, did the digalization have any time during the calendar year.	4a		1
	account)?	70		_
b	If "Yes," enter the name of the foreign country:			
	If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(EDAD)	5a	Ì	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a		6a	<u> </u>	1
	organization solicit any contributions that were not tax desidents as statement that such contributions or If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	offite were not tax deductible?	6b		<u> </u>
_	gills were not the description of the description of the section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1.
8	and conjugat provided to the navor?	7a	ـــ	1
b	to be a state of the coordinate provided?	7b	╁	<del> </del>
c	lf "Yes," did the organization notify the donor of the value of the granization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		
_	required to file Form 8282?	7c	+	+-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
е	Dut the approximation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.	71	_	17
ť	Did the expenience during the year, nav premiums, directly or indirectly, on a personal benefit contract.	<b>7g</b>	_	17
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?	7h		17
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
8	sponsoring organization have excess business holdings at any time during the year?	8		1
_	Sponsoring organization have excess business holdings at any time deling the year.  Sponsoring organizations maintaining donor advised funds.			1
9	mile and accountation make any tayahia distributions under section 4900:	9a	$\perp$	1
8	and the second section make a distribution to a denor denor advisor, or related persons	9b	Ц_	1
10	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	4	-	
t	Top 12 dead on Form 000. Bort VIII line 12 for public use of club facilities 1100	4		
11	Section 501(c)(12) organizations. Enter:			
ε	Cross income from members or shareholders	$\dashv$		1
t	Gross income from other sources (Do not net amounts due or paid to other sources			
		12	a	1
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>                                   </u>	_	十
i	IT YES," enter the amount of tax-exempt interest received or tax-exempt interest received or	7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13	la	1
4	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		T	1
	Fatarable amount of recognice the organization is required to maintain by the States in which			
	the organization is licensed to issue qualified health plans			
	13c	1		
	C Enter the amount of reserves on hand.	14	ta	1
14		14		
	b If "Yes," has it filed a Form 720 to report tilese payments? if "No, provide an expension	ı	Form (	<b>90</b> (201

Check if Schedule O contains a response or note to any line in this Falt vi  Little Note of which is a response or note to any line in this Falt vi  Little Revenue of which green with the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization become aware during the year of a significant diversion of the organization's assests?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bid the organization and the power in the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governi	m <b>990</b>	2014) 5 through 7h helow a	nd fo	ra '	"No"
Check if Schedule O contains a response or note to any line in this Falt vi  Little Note of which is a response or note to any line in this Falt vi  Little Revenue of which green with the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization become aware during the year of a significant diversion of the organization's assests?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bid the organization and the power in the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governi	art V	Governance, Management, and Disclosure For each Yes response to lines 2 through the Schedule O. See	e instr	uctio	ns.
tetion A. Governing Body and Management    Teter the number of voting members of the governing body at the end of the tax year.   1a   13   13   14   13   14   15   15   15   15   15   15   15		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or or any line in this Part VI			
It berter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee?  3 Did the organization related control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization have any significant changes to its governing documents since the prior form 890 was filed?  Did the organization have members or stockholders?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Be cach committee with authority to act on behalf of the governing body?  It is the organization have incompanies of the governing body?  It is there any officer, director, furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "res," provide the names and addresses in Schedule O.  Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exampt purposes?  Describe in Schedule O the process, if any, used by the organization to review the form 910 being persons include a review and approval by independent persons, comparability data, and contemporaneous s	4	Check it Schedule O contains a response of note to any me			
if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  3				/88	No
if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  3	19	-nter the number of voting members of the governing body at the end of the tax year 1a 13			
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Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give hise to contricts:	120	<u> </u>	+
Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.	C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If res,	12c		1
Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the organization's CEO, Executive Director, or top management official  Method officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.					1
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.		Did the organization have a written whistleblower policy?	-		1
The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.  □ Other (explain in Schedule O)		by the present for determining compensation of the following persons include a review and approval by			
b Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ Catifornia  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.	2	The organization's CEO Executive Director, or top management official		+	—
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ California  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.		Other officers or key employees of the organization	150	1	+
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.		us the state of the describe the process in Schedule O (see instructions).			-
participation in joint venture arrangements under applicable rederal tax law, and take steps to salegated the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.		Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	1_	1
List the states with which a copy of this Form 990 is required to be filed ► California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.  Other (explain in Schedule O)	b	participation in joint venture arrangements under applicable regeral tax law, and take steps to safeguare the	16t	,	
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 301(c)(5)) available for public inspection. Indicate how you made these available. Check all that apply.  Other (explain in Schedule O)	Sect	ion C. Disclosure			
Communication Control Another's website Collapon request Collapon (explain in Schedule O)		Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (590)	on 50	1 (c)(3	l)s or
Own website Another's website (2) Open request Control of Control		Comprehensive Co			
financial statements available to the public during the tax year.	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir	nteres	t pol	icy, a
the passes the organization's books and records:	20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecord	ls: 🕨	
State the name, address, and telephone number of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesses the organization of the person will possesse the organization of the person will possesse the organization of the person will possesse the organization of the person will possesse the organization of the person will possesse the organization of the person will possesse the organization of the person will possesse the organization of the person will possesse the organization of the person will possesse the organization of the person will provide the person of the person of the person will provide the person of the	ZU	Comments Cov. 8. Lection Center - 1927   Street: Sacramento. CA 95814 #916-442-0185			

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Page	1

Form 990 (2014)

Form	990	(201	4

orm 990 (2014	)		<b>Wighort Compensated</b>	Employees, and
Part VII	Compensation of Officers, Directors	, Trustees, Key Employees,	, rightest compensator	Zitipioy coo, and
	Independent Contractors			Г

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	1			(C	;)					
(A) Name and Title	(B) Average hours per	box, u	ot ch unles: or and	Posit eck n s per i a di	tion nore	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)								0	0	
(2) David Heitstuman		1		1						
President	8	<del>  *</del>	+	<del>  •</del>	-	<del> </del>	$\vdash$	-		
(3) Emily Dutch	8	1		1		1			0	
/ice President		<del>                                     </del>	+-	Ť	<del>                                     </del>	<del>                                     </del>	T			
(4) Glenda Corcoran	8	1 /		1			1	(	0	
<u>Freasurer</u>		├ <del>`</del>	-	╁	十	1	1	1		
(5) Todd Koolakian		1		1		1	1	1 .	o	
Secretary		╀	+	┼	†-	<del>                                     </del>	+			
(6) Sage Fox	8	1		1		1	1	(	0	
Board Member		+	+	Ť	$\dagger$	1	†	1		
(7) Shaun-Adrian Choffa	8	1		1			1		0	
Board Member		╁┈	+-	Ť	十	+	†			
(8) Robb Layne	B	-		1	1		1		0	
Board Member		+-	+	+	†	<del>                                     </del>	T			
(9) Kim Tucker	8	-1	1	1					0 0	
Board Member		+	†	十	1	1	1			
(10) Rob Stewart	a	1		1	·				0 0	
Board Member		+-	$\top$	1	+		T			
(11) Matthew Reece	8	-1		1/	·				0 0	
Board Member		+-	+	+	+	1	T			
(12) George Raya	8	-1		1	4	1		1	0 0	
Board Member		+	+	+	+	1	十			
(13) Robert Woodward  Board Member	a			1	/		١	1	0	0
		4	1		1					-x

orm 990 (2		tees Kay E	nolov	968	, an	d H	ghes	t Co	mpensated E	mployees (conti	inued)		
Part VI	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do x, officer box, officer or directo	ot ch	Posit eck r	tion nore son recto	the both Highest compensated employee	ne an ee) Form	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estim amou ott compe	ated nt of er nsation the zation elated	
			8	stee			nsated	_					
(15)													
16)													
17)													
(18)			1		+	T		T					
(19)			<del> </del>	$\vdash$	$\vdash$	T	$\dagger$	T					
(20)				$\vdash$	+	+	<del> </del>	+					
			1-	$\vdash$	+	╀	╁	+		<del>                                     </del>		······································	
(21)				$\perp$	$\downarrow$	$\bot$	-	+					
(22)			-	_		$\perp$	_	1		<del>                                     </del>			
(23)													
(24)													
(25)			-	T									
1b c	Total from continuation sheets to F	Part VII, Sect	tion A					Þ					
<u>d</u>	Total (add lines 1b and 1c)	but not limit	ted to	tho	se i	iste	d abo	ve)	who received	more than \$100	),000 of	Yes	No.
3	Did the organization list any forme	r officer, dir	ector,	SU	II	IUIV	uuu						1
4	For any individual listed on line 1a, is organization and related organization	s the sum of ons greater	repor than	tab \$15	le co 50,0	om; 100?	ensa If "	tior Yes	and other co ," complete S	Schedule J for	. 4		1
5	Did any person listed on line 1a rece for services rendered to the organiza		com	SON	cati	on f	rom a	าทง	unrelated orga	nization or indi	viduai 5		1
	on B. Independent Contractors					ndo	nt co	ntr	ectors that rec	eived more than	\$100,000	of	
1	Complete this table for your five high compensation from the organization year.	. Report com	pens	atio	n fo	r th	e cale	end	ar year criding			tion's C)	tax
	(A) Name and busine	ss address							Description	of services		ensatio	1
						<del></del>							
			le seli	<b>.</b>		Ot 1	imiter	1 1/	those listed	above) who			
2	Total number of independent con received more than \$100,000 of col	ractors (incl npensation fi	rom th	18 O	rgar	niza	ion Þ		0				<b>90</b> m

Part \	VIII	Statement of Revenue		au lina in this l	Part VIII		🔲
		Statement of Revenue Check if Schedule O contains a response	or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
		Federated campaigns 1a					
看看	18	receiated campaig.~					
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership daes	281,511	ļ			
	C	Fulldraising events	201,011				
	đ	Related organizations 1d   Government grants (contributions)					
8 E	0	All other contributions, gifts, grants,					
월호	f	and similar amounts not included above 11	200,701	Į			
후		Noncash contributions included in lines 1a-1f:\$		Į.			
2 9	g	Total. Add lines 1a-1f	>	482,212			<del> </del>
	h	Bus	iness Code				
Program Service Revenue	2a						
ě	b						
8	C	***************************************				<u> </u>	<del> </del>
Ž	d						
<i>∞</i> =	۵					<del> </del>	
Ē		All other program service revenue .					
Ē	g	Total Add lines 2a-2f	▶			T	
	3	Investment income (including dividends	, interest.				
		and other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds -			<del> </del>	
	5	Povelties	•				
	1	(i) Real	ii) Personal			<b>\</b>	
	6	a Gross rents					
	1	b Less: rental expenses					
	•	c Rental income or (loss)					
	(	d Net rental income or (loss)	(ii) Other		<del> </del>		
	7:		(ii) Olite				
		assets other than inventory			1		
		b Less: cost or other basis			1		
		and sales expenses .					
		c Gain or (loss)					
	1	d Net gain or (loss) · · · · · ·	· · · ·				
ence	8	Gross income from fundraising					
	-	events (not including \$					
ř	ı	of contributions reported on line 1c). See Part IV, line 18					
Other Rev							
ర		b Less: direct expenses b c Net income or (loss) from fundraising every	ents . ▶				
	١,	Gross income from gaming activities.					
	•	See Part IV, line 19 a				l	
		b Less: direct expenses b		1			
		c Net income or (loss) from gaming activiti	es 🕨	Ī			
	140	Da Gross sales of inventory, less					
	"	returns and allowances a		1			
	-	b Less: cost of goods sold b		]			
	-	c Net income or (loss) from sales of invent	tory 🟲				
	-	Miscellaneous Revenue	Business Code				
	1	1a					
	١,						
	-	***************************************					
		d All other revenue					
		e Total. Add lines 11a-11d	>				
	1	2 Total revenue. See instructions.	. <u></u> <b>&gt;</b>	482,2	12		- 000 ma

Section 5	Statement of Functional Expenses i01(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons	e or note to any line	e in this Part IX .		<u> </u>
Do not ir Bb. 9b. a	check it schedule o contains a respondencial amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1 G	rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 G	irants and other assistance to domestic dividuals. See Part IV, line 22				
3 G or in	irants and other assistance to foreign granizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16				
5 C	Benefits paid to or for members				
P	Compensation not included above, to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B)		77.330	23,987	46,317
8 F	Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,634	77,330	25,50	
9 (	Other employee benefits				
	Payroll taxes				
а	Fees for services (non-employees): Management	50,637	35,000	15,637	0
	Legal				
	Accounting				
d	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				<u></u>
α	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion	38,545			4,696
	Office expenses	38,779	17,979	16,059	4,741
	Information technology				
15	Royalties			4.049	4,04
16	Occupancy	26,99	18,89	4,049	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest		1		
21	Payments to affiliates	1,40	7 98	5 211	21
22 23	Insurance	6,50		7 712	71
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. It				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.	;			
_		52.55	52,47	9 0	
a b	Event Giveaways  Event Equipment Rentals	46,09			
C	Other Event Expenses	73,06			
d	Training and Development	2,81			
	All other expenses Sponsorships	19,7			
25	Total functional expenses. Add lines 1 through 24	e 504,71	357,5	65,553	81,60
26	Joint costs. Complete this line only if the organization reported in column (B) joint cost from a combined educational campaign and fundralsing solicitation. Check here	S			
	following SOP 98-2 (ASC 958-720)	.			Form <b>990</b> (201

Pa	rt X	Balance Sheet				П
		Check if Schedule O contains a response or note to any lin	ne in this Par	(X , ,	<del></del>	(B)
· ·-··				(A) Beginning of year		End of year
		Cash—non-interest-bearing		54,037	1	113,875
-	1	Savings and temporary cash investments	[	32,636	2	
		Pledges and grants receivable, net	[		3	100,988
	3	Accounts receivable, net	[	8,828	4	····
- 1	4	Loans and other receivables from current and former officers	, directors,		1	
	5	trustees, key employees, and highest compensated	employees.		1	
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined to 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing er sponsoring organizations of section 501(c)(9) voluntary employees organizations (see instructions). Complete Part II of Schedule L	under section mployers and beneficiary		6	
ets	~	Notes and loans receivable, net			7	
Assets	7 8	Inventories for sale or use			8	<u></u>
	9	Prepaid expenses and deferred charges		1,000	9	2,493
	10a	Land, buildings, and equipment: cost or				
	100	other basis. Complete Part VI of Schedule D 10a				
	ь	Less: accumulated depreciation 10b			10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,841	15	24,102
	16	Total assets. Add lines 1 through 15 (must equal line 34)		105,342		241,458
	17	Accounts payable and accrued expenses		254		21,991
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sch	edule D .		21	
ø	22	Loans and other payables to current and former officer	s, directors,			
itie	-	trustees key employees, highest compensated employees	oyees, and		00	
Liabilities		disqualified persons. Complete Part II of Schedule L			22	
Ī	23	Secured mortgages and notes payable to unrelated third part	ties		24	12,897
	24	Unsecured notes and loans payable to unrelated third parties			24	12,037
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24). Con	npiete Part A		25	
		of Schedule D		1,007	+	34,888
	26	Total liabilities. Add lines 17 through 25	ob D one		1-0	
	,	Organizations that follow SFAS 117 (ASC 958), check hen		1		
ě		complete lines 27 through 29, and lines 33 and 34.			27	
<u> </u>	27	Unrestricted net assets			28	
ã	28	Temporarily restricted net assets			29	
7	29	Permanently restricted net assets .  Organizations that do not follow SFAS 117 (ASC 958), check he	re >  and	1		
ū	:	complete lines 30 through 34.				
Not Accete or Fund Balances	5	Capital stock or trust principal, or current funds			30	
á	30	Paid-in or capital surplus, or land, building, or equipment fur	nd .		31	
ğ	31	Retained earnings, endowment, accumulated income, or oth	er funds		32	
•	32	Total net assets or fund balances		45,16	7 33	206,57
2		Total liabilities and net assets/fund balances		105,34		
	34	Total liabilities and het assets/fund datafices	· · · ·	,		Form <b>990</b> (2014

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orm 990 Part	W. C A Net Accets			
rait	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>	• •	<u> </u>
1	T-t-t			2 <u>,212</u> 4,789
2	Total expenses (must equal Part IX column (A), line 25)			<u>4,789</u> 2,577
3	Subtract line 2 from Ind 1	. <u> </u>		<u>5,167</u>
4	Alex excepts or find balances at heginning of year (must equal Part X, line 33, column (ry)			3,107
5	Not verselized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment eveneses		18	3.980
8	Pulse and adjustmente			<u> </u>
9	and the second of find halances (explain in Scheoule VI)			
10	Other changes in net assets of fund balances (ospitality and 19 (must equal Part X, line Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		20	6,570
<u> </u>	The state of the s			
ran	Check if Schedule O contains a response or note to any line in this Part XII			
	Check it Schedule o contains a respector s		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	2a	/	
28	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	26		
b	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2b	1	
c	of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in		1	
	Schedule O.	. ]		
3a	Also Single Audit Act and OMB Circular A-1337	1	<del> </del>	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits at the organization and the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	- 00		
	roduinos susar o manara, arrando y	Fo	m <b>99</b>	<b>(2</b> 014

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

					E	mployer identification nu	Imper
	f the organization					94-25022	
	nento LGBT Community Center  Reason for Public Charity	, Status (All or	ganizations must co	omplete	this par	t.) See instructions	<b>5.</b>
Part	rganization is not a private foundation	hecause it is:	For lines 1 through 1	1, check o	only one	box.)	
The o	rganization is not a private foundation of churches	s or association	of churches describe	ed in sect	ion 170(	b)(1)(A)(i).	
_	[] A I described in section 17	/0/51/11/A1/ii1. (A1	tach Schedule E.J				
				section 1	70(b)(1)(	A)(iii).	
3 4	<ul><li>☐ A hospital or a cooperative hosp</li><li>☐ A medical research organization</li></ul>	operated in conj	unction with a hospita	al describ	ed in <b>se</b> i	ction 170(b)(1)(A)(iii	). Enter the
	An organization operated for the	ete Part II.)					unit described in
7	☐ A federal, state, or local governm ☐ An organization that normally redescribed in section 170(b)(1)(A	nent or governme ceives a substa ()(vi). (Complete	ntial part of its suppe Part II.)	), ( ), (), ()	170(b)(1 governr	)(A)(V). nental unit or from 1	the general public
8	A community trust described in	section 170(b)(1	)(A)(vi). (Complete Pa	41 ( 11.) 	m contr	ibutions membershi	n fees, and gross
9	An organization that normally receipts from activities related support from gross investment acquired by the organization after	to its exempt full income and ull er June 30, 1975	inctions—subject to the inrelated business tables. See <b>section 509(a)</b>	xable inc (2). (Com	ome (les	ss section 511 tax) t III.)	
10		وأوروا والمستميد والمستميد	valu to tost for public.	satety, Se	e secuo	n ວບອເສງເ <del>4</del> }.	and the numbers of
11	An organization organized and o one or more publicly supported	perated exclusive organizations de that describes the	ely for the benefit of, to scribed in <b>section 50</b> 9 he type of supporting o	o penonii 9(a)(1) or : organizatio	section (	509(a)(2). See section omplete lines 11e, 11	f, and 11g.
а	Type I. A supporting organization (s)	tion operated, si the power to rec	upervised, or controlle gularly appoint or elec- ections <b>A and B</b> .	ed by its s et a majori	ty of the	d organization(s), type directors or trustees	s of the supporting
			ar controlled in conn	ection wit	h its sup	ported organization	s), by having
t	control or management of the	supporting orga	Sections A and C.	s same pe	,,301,5 (1)	at dominat or manage	
ď	Type III functionally integral	ted. A supporting	g organization operate	C Lair 1A	Section	ia Wi Di anna a.	
(	Type III non-functionally integral that is not functionally integral requirement (see instructions	ited. The organiz	ation generally must nolete Part IV. Section	ons A and	D, and	Part V.	
(	e Check this box if the organize functionally integrated, or Type	ation received a	written determination	from the	IHS that	it is a Type i, Type ii	, Type III
1	Forter the number of supported of	rganizations .					[
,	g Provide the following information	about the supp	orted organization(s).	·			(vi) Amount of
	(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) is the or listed in you docur	r governing	(v) Amount of monetary support (see instructions)	other support (see instructions)
			(see instructions))	Yes	No		
(A)							
(B)							
(C)				<u> </u>			
(D)							
(E)							

Schedule	A (Form 990 or 990-EZ) 2014			470/-1/41	(A)(iv) and 17	(0(b)(1)( <b>A</b> )(vi	Page 2
Part	Support Schedule for Organizati	ons Descrit	ped in Section	ons 170(b)(1) Part I or if the	organization	failed to qua	lify under
	(Complete only if you checked the Part III. If the organization fails to c	box on line	the tests list	ed below, pl	ease complet	e Part III.)	
<u> </u>	n A. Public Support	quality direct					(f) Total
Section	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					À	·
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>			
Sect	tion B. Total Support	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(0) 2011		1		
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	la (coo instruc	tions)		<del></del>	12	
12	Gross receipts from related activities, et First five years. If the Form 990 is for	the organizati	ion's first, seco	ond, third, fou	rth, or fifth tax	year as a sec	tion 501(c)(3)
13	organization, check this box and stop h	ere		<u></u>		<u></u>	▶
<u> </u>	- ii (D.Li. Cinn	ort Dercenta	906				%
<u>Sec</u>		- C Action (t)	awaaan ny iiri	e 11, column (	f))	15	9/
15	Public support percentage from 2013 S 331/3% support test—2014. If the orga	nization did no	ot check the b	ox on line 13,	and line 14 is 3	31/3% or more	, check this
	b 331/3% support test-2013. If the org	janization did	not check a t ifies as a publi	cly supported	organization		🕨
17	7a 10%-facts-and-circumstances test— 10% or more, and if the organization r Part VI how the organization meets the	-2014. If the oneets the "faces and-ci	rganization did its-and-circum ircumstances"	stances" test, test. The orga	check this box anization qualifi	es as a public	y supported ▶
	b 10%-facts-and-circumstances test- 15 is 10% or more, and if the organi Explain in Part VI how the organization	-2013. If the contraction meets are meets the "formula th	organization di the "facts-and acts-and-circu	d not check a d-circumstand imstances" te	es" test, check st. The organiz	ation qualifies	as a publicly ▶
1	supported organization  8 Private foundation. If the organization	did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b, c	heck this box	ariu see

### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	. If the organization tare						
Sectio	n A. Public Support	T	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend	ar year (or fiscal year beginning in)	(a) 2010	(D) 2011	(0) 2012			
1	Gifts, grants, contributions, and membership fees			400 703	100,060	621,878	200,701
	received (Do not include any "unusual grants.")	133,231	146,670	108,793	100,000		
2	Gross receipts from admissions, merchandise				1		
	sold or services performed, or facilities furnished in any activity that is related to the			İ		4 405 393	281,511
	organization's tax-exempt purpose	150,153	232,916	353,808	282,179	1,125,382	201,011
•	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	INT LEAGUES ICTION						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities			,			
	furnished by a governmental unit to the		Ì			<u> </u>	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3				ļ.		
	received from disqualified persons .				<u> </u>		
b	Amounts included on lines 2 and 3				1	ļ	
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	4 4 1 2 7 and 7h						
C	Public support (Subtract line 7c from	Ī					
8	line 6.)			<u> </u>			
04	ion B. Total Support	<u> </u>				1	/O Total
Seci	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(-/					
9	Amounts nom mo						
10a	Gross income from interest, dividends,					ļ	
	payments received on securities loans, rents,						
	royalties and income from similar sources .			<del>                                     </del>			
t	Unrelated business taxable income (less	į.					
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ <del></del> -			
•	Add lines 10a and 10b		_				
11	Net income from unrelated business	'					
	activities not included in line 10b, whether						
	or not the business is regularly carried on			_			
12	Other income. Do not include gain or	•					
	loss from the sale of capital assets	<b>;</b>					
	(Explain in Part VI.)			<del></del>		-	
13	Total support. (Add lines 9, 10c, 11	,			382,2	39 1,747,2	60 482,212
	and 12.)	283,3	84 379,58	36 462,60	th or fifth tax	vear as a sec	
14	and 12.)  First five years. If the Form 990 is for	the organizat	ion's tirst, seco	лю, иша, юи		. ,	▶ □
	organization, check this box and stop i	nere		<u> </u>			
Se	ction C. Computation of Public Supp	ort Percent	age	40 salumn (	Ω1	. 15	1 %
15	D. I.I porcentage for 2014 (lin	e 8 column (f)	i divided by line	e 13, column (	1))	16	1 %
46	Public support percentage from 2013 S	Schedule A, Pa	art III, line 15	<u></u>	<u> </u>	<u> </u>	
Se	the state of Investment	Income Per	centade				0 %
17	the state of the s	4 (line 10c co	ilimn iti aiviaet	by line 13, co	olumn (t))	18	0 %
18	Investment income percentage from 20	013 Schedule	A, Part III, line	17		. 10	
							ization . >
18							
.=		n did not checi	k a box on line	14, 19a, or 19	b, check this b	JON 2.12	
_2	J Frivate Ioundation. If the organization					Schedule A (For	m 990 or 990-EZ) 2014

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A . and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Par	. v.)		
Section	on A. All Supporting Organizations		/es	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IHS determination of states under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported under section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3а		
b	Did the organization confirm that each supported organization qualified under section 501(5)(4), (5), (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the satisfied the determination	3b		
c	a utilization in Dort VI what controls the organization but in place to organization	3с		1
4a	Was any supported organization not organized in the United States ("foreign supported organization"): "  Was any supported organization not organized in the United States ("foreign supported organization"): "  Was any supported organization not organized in the United States ("foreign supported organization"): "  Was any supported organization not organized in the United States ("foreign supported organization"): "  Was any supported organization not organized in the United States ("foreign supported organization"): "  Was also below.	4a		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the longing supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion describe being controlled or supervised by or in connection with its supported organizations.	4b		-
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
5a	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
6	Substitutions only. Was the substitution the result of an event beyond the digalization's control.  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, of a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	-	-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8	_	1
9:	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	1	3	_
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			$\perp$
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal school for a control of which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		C	_
10	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10	)a	_
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10	)b	+

determine whether the organization had excess business holdings.)

Page	٤

Schedul	e A (Form 990 or 990-EZ) 2014	<del></del>		
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	A person who directly or indirectly controls, either alone of together with persons described with persons described and a supported organization?	11a		
_	below, the governing body of a supported organization?	11b		
þ	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above. If the second secon			
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	<u></u>
Sect	ion C. Type II Supporting Organizations		1	T
360			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
0	tion D. All Type III Supporting Organizations			
Sec	tion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.		ınstruc	ctions
2	Activities Test. Answer (a) and (b) below.	Γ	Ye	s N
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2	a	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		ib	
3	Parent of Supported Organizations, Answer (a) and (b) below.	1		
Ý	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<u> </u>	Ba	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b	DEZ)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniz	ations	
to a start of the Integral Part Test as a qualifying	trust	on Nov. 20, 1970. See	instructions. All
1	plet	e Sections A through E.	(B) Current Year
		(A) Prior Year	(b) Current Teal
Section A - Adjusted Net Income			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	<u> </u>	
6 Portion of operating expenses paid or incurred for production or			
- Harrian of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(D) Coment Voor
		(A) Prior Year	(B) Current Year (optional)
Section B - Minimum Asset Amount			(Optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<u></u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
			Current Year
Section C - Distributable Amount			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1_		
t it to a temperature and	6		ting organization /s
emergency temporary reduction (see instructions)  7	ally-i	ntegrated Type III suppo	orung organization (s
instructions).			A (Farm 000 or 000 F7)
		C - la calcul	

	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Part V	Type III Non-Functionally Integrated 509(a)(5)	oupporting organia		Current Year
Section	n D - Distributions	compt nurnoses		
1 A	Amounts paid to supported organizations to accomplish ex	ent purposes of suppor	ted	
2 A	Amounts paid to perform activity that directly furthers exen	libi burboses or suppor		
	organizations, in excess of income from activity	sees of supported organ	nizations	
3 /	Administrative expenses paid to accomplish exempt purpo	363 of pupperture angu-		
4 /	Amounts paid to acquire exempt-use assets			
5 (	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	the erganization is res	ponsive	<del></del>
8 1	Distributions to attentive supported organizations to which	i the Organization is res	ponone	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
<u>u</u>				
d				
	From 2013			
<del>_</del>	Total of lines 3a through e		ļ	
	Applied to underdistributions of prior years			
<del>9</del> h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
4	D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	and the state of t			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h	n		
J	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
<u>c</u>	Excess from 2013			
	Excess from 2014			
<u>e</u>	LAUCOS HUIII EU 17		Schedu	ile A (Form 990 or 990-EZ) 20

rt VI	Supplemental	Information. Provi Also complete this	de the explanate part for any ac	tions required by Iditional informat	reart II, line 10; F tion. (See instruct	tions.)	
	Parţ III, line 12.	Also complete the	, part is			·	
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

94-2502229

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

Sacramento LGBT Community Center
Other Program Services:
Outreach, Education and other Programs: Center education and outreach programs provide businesses, public agencies, nonprofit and
social service organizations culturally responsive education and training on topics that include Queer 101, the Transgender Experience,
Domestic Violence and Sexual Abuse, Understanding Sexual Orientation and Gender Identity. The Center's goal is to increase the LGBT
cultural competency of individuals and institutions throughout the Sacramento region so that sexual orientation, and gender identity and
expression are more fully recognized as a spectrum of valued personal characteristics, universally respected and affirmed. The Center also
offered 13 peer-based support groups that included AA, NA, a Girl Scout troop, men's discussion, women, transgender, military, seniors and
long-term survivors of HIV/AIDS.
Community Resources: The Center's community resources program provides access to information and connection to culturally competent
and supportive community resources. The Center educates anbd empowers the LGBT community on issues that raise our individual and
collective socioeconomic, health and social justice status. The Center provides a free vital connection for referrals to housing, food,
employment, transportation, medical, mental health and counseling, transgender support, faith and cultural centers, legal services,
immigration and document assistance. Also included are a public computer lab, connection to more than 40 LGBT and allied community
organizations and periodically workshops on career development, financial literacy, tax assistance, estate planning and family building.
The Center also maintains a list of local and national LGBT focused scholarship programs.
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	Page 2
Schedule O (Form 990 or 990-EZ) (2014)	Employer identification number
Name of the organization	
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